

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title Line One::	SIMPLIFIED ONE-HANDED
Title Line Two::	PREEMPTIVE MEDICAL PROCEDURE
Title Line Three::	SITE DRESSING TO PREVENT
Title Line Four::	SHARPS INJURIES AND EXPOSURE
Title Line Five::	TO BLOODBORNE PATHOGENS
Attorney Docket Number::	ZM244/03001
Small Entity?::	Yes

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Joel
Middle Name::	S.
Family Name::	Rossen
City of Residence::	Tamarac
State or Province of Residence::	Florida
Country of Residence::	US
Street of mailing address:	7881 NW 90 <sup>th</sup> Avenue
City of mailing address::	Tamarac
State or Province of mailing address:	Florida
Country of mailing address::	US
Postal or Zip Code of mailing address::	33321

### **Correspondence Information**

Correspondence Customer Number::	27868
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### **Representative Information**

Representative Customer Number::	27868
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## **Domestic Priority Information**

Application::	This Application
Continuity Type::	is an application claiming the benefit
Continuity Type::	under 35 USC 119(e)
Parent Application::	60/422,292
Parent Filing Date::	10/30/02

Application::	This Application
Continuity Type::	is an application claiming the benefit
Continuity Type::	under 35 USC 119(e)
Parent Application::	60/499,118
Parent Filing Date::	08/29/03